

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/15/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>PH</i>		<i>11/14</i>
FORMALITY REVIEW	<i>EW</i>	<i>TC4949</i>	<i>12/04/00</i>
RESPONSE FORMALITY REVIEW	<i>HL</i>	<i>712</i>	<i>04-13-01</i>

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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